N07000011286

(Re	equestor's Name)	
(Ad	Idress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	· · · · · · · · · · · · · · · · · · ·
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C. LEWIS AUG - 9 2013 **EXAMINER**

COVER LETTER

TO: Amendment Section Division of Corporations	•
NAME OF CORPORATION: Holy Te	mple of Miraculous Works INC.
DOCUMENT NUMBER: NO 70001	1286
The enclosed Articles of Amendment and fee are subm	nitted for filing.
Please return all correspondence concerning this matter	er to the following:
Daisy Jo	
Holy Temple a	Firm/ Company)
1519 West Or	ange Ave
Tallahassee Fl	orida 32318 (City/ State and Zip Code)
E-mail address: (to be used	for future annual report notification)
For further information concerning this matter, please	call:
Daisy Johnson (Name of Contact Person)	at (<u>850</u>) <u>295 – 036 /</u> (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount made pa	yable to the Florida Department of State:
\$35 Filing Fee \$\Bigcup \\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed) S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)
Mailing Address	Street Address
Amendment Section Division of Corporations	Amendment Section Division of Corporations
P.O. Box 6327	Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle

Tallahassee, FL 32301

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Articles of Amendment to Articles of Incorporation

13 AUG -9 PM 4: 37

	us Works	INGECTAL OF STATE
(Name of Corporation as currently filed with the Florida Dept. of	State)	WITH WOLE LINE
_ NO7000011286		
(Document Number of Corporation (if know	1)	
Pursuant to the provisions of section 617.1006, Florida Statutes, this <i>Florida</i> amendment(s) to its Articles of Incorporation:	Not For Profit Corpore	ation adopts the following
A. If amending name, enter the new name of the corporation:		
name must be distinguishable and contain the word "corporation" or "inco	rearested" or the abbusy	The new
"Company" or "Co." may not be used in the name.	rpordied or the abbrev	nation Corp. or inc,
, ————————————————————————————————————		
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		*
(Timeput Office dualess <u>most be A STREET ADDRESS</u>)		
		
C. Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
·		
		
· .		
D. If amending the registered agent and/or registered office address in	Florida enter the name	e of the
new registered agent and/or the new registered office address:	, toriou, enter the name	<u>c or the</u>
Alexander Children		
Name of New Registered Agent:		
		,
New Registered Office Address: (Florida street a	idress)	
New Registered Office Address.		
,	, Florida _	
(City)	(Zip Co	ode)
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent. I am familiar with an	d accept the obligations	of the position.
Signature of New Registered Agent, i	changing	
,	G G	

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, an
address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be <math>PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change X Remove X Add		Doe 2 Jones 2 Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change Add Remove	TR	Solomon Lewis	3550 Esplanade We Apt 3103 Tallahassee Ebiida 32311
2) Change Add Remove			
3) Change Add Remove			
4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove		·	<u> </u>

If amending or addir (attach additional shee	ets, if necessary).	(Be specific)				
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APP STELL FILED

	8-9-13	FLED	
The date of each amendment(s) ado Effective date if applicable:	ption:	13 AUG -9 PH 4: 37	
Effective date <u>frappheante</u> :	(no more than 90 days after amendment file date)	SECTLER OF STATE TALLAHASSEE FLORIDA	
Adoption of Amendment(s)	(CHECK ONE)		
The amendment(s) was/were add was/were sufficient for approval.	opted by the members and the number of votes east for the an	endment(s)	
There are no members or member adopted by the board of director	ers entitled to vote on the amendment(s). The amendment(s) s.	was/were	
have not beer	nan or vice chairman of the board, president or other officer-in selected, by an incorporator – if in the hands of a receiver, to pointed fiduciary by that fiduciary)		
QQ	Typed or printed name of person signing) (Title of person signing)	-	